PTO/SB/21 (09-06)
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| F  |   |             | Application Number   | 10/002   |                             |  | RECFI                   | ØEr   |
| TRANSMITTAL<br>FORM                                      |   |             | Filing Date  | Novem  | November 1, 2001 CENTRAL FA |  |                         | XCE   |
|  |   |             | First Named Inventor   | Jeffrey  | W. Carr                     |  | OCT 1 0                 | 200   |
|  |   |             | Art Unit   | 1763   |                             |  | <del>- 001 1 </del> 0   | יקצטט |
| (to be used for all correspondence after initial filing) |   |             | Examiner Name  | Allan W. Olsen                                 |                             |  |                         |       |
|  | f Pages in This Submission                        | 7 <b>5</b>  | Attorney Dockel Number   | CARR-01000US2                                  |                             |  |                         | 丿     |
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| Amendme  | ent/Reply   |             | Petition<br>Petition to Convert to a   |  |                             | Appeal Communic<br>Appeal Notice, Brid       |                         |       |
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| Affidavits/declaration(s)                                |   |             | ower of Attorney, Revocation Change of Correspondence Address  Status Letter |  |                             |  |                         | 1     |
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|  | FLIESLER MEYER LLP                                |             |  |  |                             |  |                         |       |
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| )-to   | DAVID T. XUE                                      |             |  |  | <del>,</del>                |  |                         | 1     |
| Date   | 10/10/06  |             | F  | leg. No.                                       | 54,554                      |  |                         | Ĺ     |
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| hereby certify the                                       | at this correspondence is be                      | eing facsir | nile transmitted to the USPT   | O or depos                                     | ited with th                | e United States F                            | Postal Service with     | 1     |
| sufficient postage<br>he date shown be                   | as first class mail in an env                     | elope add   | dressed to: Commissioner for<br>Fax. No. (571                                | Patents, F                                     | P.O. Box 14                 | I50, Alexandria, V                           | /A 22313-1450 on        |       |
| Signature  |   |             |  | -  | ××                          |  |                         | 1     |
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|  | ame Patricia A. Diehl                             |             |  |  | חו                          | ate 10/10                                    | /                       | 1     |

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Attorney Docket No.: RAPT-01000US2 DXue/RAPT/1000US2/Transmittal.pdf

PTO/SB/17 (07-06)

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Date

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| FEE TRANSMITTAL For FY 2006  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 510.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Normer (Elizage Money Decket No. RAPT-01000US2  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Normer (Elizage Money Decket No. RAPT-01000US2)  METHOD OF PAYMENT (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below Account Normer (Elizage Money and State In and 1.17  WARDING Internation on this form may become public. Cradit card information should not be included on this form. Provide cradit card seed to the internation of the i   | C                |                                       |   | 404.01            | ,                                   |                      |               |                    | wn                         |                    |     |
| FOR FY 2006    Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 510.00   Altomey Docket No.   RAPT-01000US2   |                  |                                       |   |                   | Application N                       |                      |               |                    | <del> </del>               |                    |     |
| Applicant claims small entity status. See 37 CFR 1.27   Art Unit   1783   Art Unit  |                  |                                       |   | <b>\</b> L        | Filing Date                         |                      | Novembe       | r 1, 200           |                            |                    |     |
| Applicant claims small entity status. See 37 CFR 1.27   Art Unit 1783   Attorney Docket No.   RAPT-01000US2   | 1                | For FY 2                              | 2006                                    |                   | First Named                         | nventor              | Jeffrey W     | . Carr             | CE                         | <u>:NTRAL</u> FAX  | CEN |
| TOTAL AMOUNT OF PAYMENT   (\$) 510.00   Altomey Docket No.   1783   Altomey Docket No.   1783   Altomey Docket No.   1783   Altomey Docket No.   1784   Altomey Docket No.   1785   Altomey Docket No   | Applicant cl     | aims small entity state               | s. See 37 CFR 1.2                       | 7                 | Examiner Na                         | me                   | Alian W.      | Olsen              |                            | <del>-001</del> 10 | 200 |
| METHOD OF PAYMENT (check all that apply)  Check   |                  | <u> </u>                              |   |                   | Art Unit                            |                      | _             |                    |                            |                    |     |
| Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number (16:1325   Deposit Account Neme. Filester Meyer LLP   | TOTAL AMOUN      | TOF PAYMENT (                         | 5) 510.00                               |                   | Attorney Doc                        | ket No.              | RAPT-01       | 000US2             |                            |                    |     |
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| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below.  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any ovarpayments  WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information ad unshorteation on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (3)  Fee   | Check _          | Credit Card                           | Money Order                             | Non               | e Other                             | (please ide          | ntify):       |                    |                            |                    |     |
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| Charge any additional fee(s) or underpayments of fee(s) Credit any ovarpayments under 37 GFR 1.16 and 1.17  WARNINGS: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Fee (\$) Fee           | For the at       | ove-Identified deposi                 | t account, the Direct                   | tor is her        | eby authorized                      | to: (check           | all that app  | oly)               |                            | l                  |     |
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| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   FILING FEES   SEARCH FEES   Semall Entity   Semall Entity   Semall Entity   Semall Entity   Fee (\$)   Fee         |                  | · · · · · · · · · · · · · · · · · · · | 18.                                     |                   |                                     |                      |               |                    |                            |                    |     |
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| Application Type  | 1. BASIC FILIP   |                                       |   |                   | CH FEES                             | EXAM                 | INATION       | FEES               |                            |                    |     |
| Utility   300   150   500   250   200   100   | Application 1    |                                       | Small Entity                            | •                 | Small Entity                        |                      | <u>Small</u>  | Entity             | Fees Paid (\$              | o                  |     |
| Design   200   100   100   50   130   65  |                  |                                       |   |                   |                                     |                      |               |                    |                            |                    |     |
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| Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) So 25 Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Total Claims Extra Claims Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indop. Claims HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.50 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets 150  |                  |                                       |   | •                 |                                     |                      |               |                    |                            |                    |     |
| 2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indon. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Fee  |                  |                                       |   |                   |                                     |                      |               | -                  |                            | _                  |     |
| Fee   S   S   S   S   S   S   S   S   S   |                  |                                       | 100                                     |                   | Ū                                   |                      | ,             | ,                  | Small Entity               | _                  |     |
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| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets   | 3. APPLICATION   | ON SIZE FEE                           |   |                   |                                     |                      |               | _                  |                            | 1                  |     |
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| Signature Registration No. 1 Telephone 445 780 7800   | SUBMITTED BY     |                                       |   |                   |                                     |                      |               |                    |                            |                    |     |
|   |                  |                                       |   |                   | Registration No<br>(Attorney/Agent) | 54,554               |               | Telepho            | ne <sub>415.362.3800</sub> |                    |     |

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Name (Print/Type) David T. Xue

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PTO/SB/17 (07-08)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid QMS control number Effective on 12/09/2004. Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/002,483 Application Number TRANSMIT Filing Date November 1, 2001 RECEIVED For FY 2006 First Named Inventor Jeffrey W. Carr <del>OENTRAL FA</del>IX CENTER Examiner Name Allan W. Olsen Applicant claims small entity status. See 37 CFR 1.27 2006 Art Unit 1763 **TOTAL AMOUNT OF PAYMENT** (\$) 510.00 RAPT-01000US2 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 06-1325 Deposit Account Name: Fliesler Meyer LLP For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES Small Entity Small Entity **Small Entity Application Type** Fee (\$) Fees Pald (\$) Fee (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) Utility 300 500 150 250 200 100 Design 200 100 100 50 130 Plant 200 100 300 160 150 80 Reissuc 300 150 500 250 600 300 200 Provisional 100 2. EXCESS CLAIM FEES Small Entity Fee (5) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) Multiple Dependent Claims - 20 or HP a Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) -3 of HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 shocts or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee (\$) Fee Pald (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for Extension of Time ( Mos.) 510.00

| SUBMITTED BY      |              |  |                        |
|-------------------|--------------|--|------------------------|
| Signature         |              | Registration No.<br>(Attomay/Agent) 54,554 | Telephone 415.362.3800 |
| Name (Print/Type) | David T. Xue |  | Date /0/10/06          |

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